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INTERIM REPORT OF THE EMERGENCY SERVICES WORKING GROUP TO THE URBAN HOSPITAL COUNCIL

June 26, 1991

INTERIM REPORT OF THE EMERGENCY SERVICES WORKING GROUP

TO THE URBAN HOSPITAL COUNCIL

In April 1991, a Working Group of 8 individuals was identified to review the emergency departments of the 7 urban hospitals. The terms of reference of the Working Group were to:

1) Review the current utilization of hospital emergency departments in Winnipeg hospitals.

2) Review and comment on the necessity for all emergency departments to provide 24 hours service.

3) Identify an implementation plan for any recommended change in the provision of services by emergency departments.

The Working Group was given a time frame of one month in which to prepare and submit its recommendations to the Urban Hospital Council. As a result, the Working Group immediately convened, and requested data from the 7 urban hospitals regarding the utilization of emergency services. The delays in obtaining data, and the number of meetings required to discuss a variety of complex issues has resulted in a time frame substantially longer than initially anticipated. However, on June 5, 1991, the Working Group did submit a Progress Report to the Urban Hospital Council. The Progress Report identified both the short and long-term options that were being considered by the Working Group. It also indicated that the Working Group was still in the process of collecting data regarding potential cost savings that could be realized with the implementation of one or more of the Group's recommendations. Given the many complex issues that the Working Group is currently dealing with, it was decided that an Interim Report would be submitted to the Urban Hospital Council, and that more time would be required to thoroughly analyse options before a Final Report is ultimately prepared.

Analytical Approach Adopted by the Working Group

The first objective of the Working Group was to determine the work load or utilization of emergency services within the 7 urban hospitals. This objective has, to a limited extent, been met, but not without difficulty. While the preliminary data received by the Working Group thus far is not complete, it has enabled the Working Group to identify most of the issues regarding overall utilization, cost implications of closure, and the impact of closure on the Winnipeg Ambulance Service. Further data collection and analysis is required to make and evaluate definitive recommendations.

Summary of Data

The Working Group conducted an extensive review of the data regarding utilization of the urban hospitals emergency departments (excluding Brandon). A particular emphasis was given to the utilization of emergency departments during the "night shift" (i.e. 2400-0800 hours). Attached as Appendix I is a Summary of the data, highlighting the number of visits to the community hospital emergency departments and the number of admissions for the "night shift" for the year 1989-1990. The Summary also provides the total number of emergency visits and admissions for each community hospital for the years 1985-86 to 1989-90. As indicated above, the data received by the Working Group varies markedly in terms of completeness. For example, a number of urban hospitals were unable to provide data relative to the number of admissions, discharges, and transfers per shift, nor were they all able to calculate the number of patient visits per shift by age group. Also, there is no indication in the data as to the degree of severity or acuity of the patients who visited and/or were admitted to the urban hospitals emergency departments.

The members of the Working Group discussed whether the data was complete enough to allow for appropriate decision making and to enable the Working Group to make definitive recommendations to the Urban Hospital Council. The concensus of the Working Group members was that the quest for perfect data (or, at a minimum, more complete data) would not occur in the short term given time and resource limitations. The Working Group therefore decided to focus its attention on the data for the night shift, leaving the option of complete closure of one or more community hospitals emergency departments as a matter to be considered in the longer term.

A) Data relative to Utilization of Emergency Services

With respect to the data regarding the number of emergency visits and admissions during the **night shift**, the Working Group makes the following observations:

1) There was a total of 8,550 visits to the Health Sciences Centre Emergency Department during the night shift in 1989-90, or an average of 23.4 visits per night shift. The total number of admissions was 1,302, or an average of 3.5 per shift.

2) At St. Boniface General Hospital, there was a total of 7,190 visits to the Emergency Department during the night shift, or an average of 19.6 visits per night shift. The total number of admissions was 208, or an average of .6 admissions per shift.

3) The average number of visits to **all** five community hospitals during the night shift for 1989/90 is 51. There was an average of 4.3 admissions per night shift for **all** community hospitals. The average number of visits as well as the average number of admissions per night shift seem surprisingly low.

4) The figures shown in the 5-year summary table are consistent in terms of the total number of visits and admissions to the emergency departments of the 5 community hospitals over the 5-year period.

B) Data relative to cost implications of closure

With respect to the data regarding the potential costs associated with the closure of one or more community hospitals, the Working Group is still in the process of collecting same. The Working Group requested data as follows:

- gathering information with regard to the emergency department staffing pattern and related budget for the night shift (2000 - 2330 hours; 2330 - 0730 hours).

- Documenting physician coverage and remuneration and scope of responsibilities (within the hospital).

- Estimating supply costs on night shifts.

- Estimating support and resources ("on call" and otherwise) for the emergency departments (x-ray, lab, OR, sub-speciality consultants, etc.)

Summary

Closure of 5 Community Hospitals	Surplus Est.
Concordia	$128,305
Grace	293,640
Misericordia	266,873
Seven Oaks	128,305
Victoria	128,305
	$945,428

These potential savings have not factored in care requirements for patients awaiting admission or further observation at time of closure (i.e. figures assume an empty Emergency Department at time of closure). As well, cost saving calculations do not include:

- Overtime
- Shift differential
- Other relief
- Responsibility pay
- Supply costs
- Transfer of full-time staff to on-call
- Additional costs that may arise if nurse rotations are adjusted
- Additional costs at HSC and SBGH
- Heavy care for remaining patients in Emergency units.

Complete documentation of identified cost savings is contained in Appendix II.

C) **Data relative to impact of closure on Winnipeg Ambulance Service**

The Working Group has also requested data regarding the number of critical cases being transferred by ambulance to the community hospitals with particular emphasis on the night shift. The Working Group believed that this information would have a considerable impact on any final recommendation in that it is important to know the number of patients who could be at risk should one or more community hospital emergency departments be closed at night.

In meeting with representatives of the Winnipeg Ambulance Service, the Working Group was advised that the complete information was not available. However, attached as Appendix III are Tables of E.M.S. Emergency calls, Cardiac Arrest Patients, and Time Outline 911 Cardiac Arrest for the period of April 1, 1989 - March 31, 1990. The representatives of the Winnipeg Ambulance Service advised that if some or all of the community hospital emergency departments were closed during the night shift that:

1) transportation time of critically ill patients would be prolonged; and

2) time to the provision of advanced life support would be prolonged.

Options

The various options being explored by the Working Group can be described as follows:

A) Short-term:

1) No closure.

2) Close a selected number of community hospital emergency departments at night (2400-0800 hours).

3) Close all community hospital emergency departments at night.

B) Long-term:

1) Close one or more community hospital emergency departments completely.

2) Development of a planning process to facilitate effective coordination of urban emergency health services. This planning process would include consideration of:

i) provincial data systems

ii) bed registry

iii) role of urban hospitals in provision of emergency health services

iv) provincial and urban trauma/acute care management

v) bed utilization

vi) coordination of pre-hospital care

Should the Urban Hospital Council concur with such a planning process, the Working Group would be interested in a second phase of its operation and/or terms of reference in order to provide more definitive information regarding the coordination of urban emergency health services on a long-term basis.

Issues

The Working Group believes that additional data will assist in resolving many of the issues identified below. In dealing with these issues, it is important to recognize that there are only two hospitals in the city of Winnipeg that have the necessary resources to completely handle major emergency trauma: Health Sciences Centre and St. Boniface General Hospital.

The issues that the Working Group is currently dealing with are as follows:

1) **Care requirements of patients awaiting admission or further assessment at time of closure**

   With the closure of one or more community hospital emergency departments, there will be effects on the emergency and observation units of these hospitals with regard to care requirements as noted above. Such residual effects include, among other things, the retention of staff to provide observation unit services to patients who require continuing care. Similarly, some staff may have to be available to care for and provide services to the patients awaiting admission to the hospital. Further data is currently being collected from the MHSC Bed Registry and individual hospitals regarding patients in the observation units, and awaiting in-patient bed.

2) **Impact of Closure on "Open" Hospitals**

   The impact on, and the cost implications for, St. Boniface General Hospital and Health Sciences Centre must be considered should the emergency departments in all community hospitals be closed.

3) **Methods Used to Monitor Effect of Closure**

   Regardless of the option that may be implemented, the Working Group believes that it is important to develop a method for monitoring and evaluating the impact of the adopted course of action.

4) **Pre-Hospital Care System**

   If certain community hospital emergency departments are to be closed at night, it will be important to identify the issues and impacts of closure on the Winnipeg Ambulance Services.

5) **Scope of Responsibility of Emergency Department Physicians**

Information has been provided to the Working Group which suggests that emergency department physicians in community hospitals provide a range of services outside of the emergency department.

6) **Emergency Surgery**

Consideration should be given to the impact that closure will have on the amount and type of emergency surgery, and how same will be accommodated.

7) **Transfers**

A determination will have to be made as to the number and point at which patients will be transferred between facilities, and policies should be developed with regard to payment for transfer.

8) **Impact of Closure on other Hospital Services**

The closure of Emergency services may have an impact on the access to other hospital services, such as: ICU, Pediatrics, Obstetrics, Psychiatry, Palliative Care, etc. The impacts will have to be identified and recommendations made as to the resolution of this issue in the Group's Final Report.

9) **Complete Closure**

If the option of complete closure of community hospital emergency departments is pursued, the issues with respect to complete closure will have to be identified and documented. Such issues could include Hospital accreditation, a change in the role and nature of the community hospital, and the impact on the professional staff.

10) **Children's Centre Emergency Department**

The issues and effects of closure on the Children's Centre Emergency Department will also have to be identified and documented.

Observations

1) Under the present Winnipeg Ambulance System, any closure of emergency departments will delay the transportation of critically ill patients to emergency care and will delay the interval to advanced life support. This may be corrected by enhancing the Winnipeg Ambulance System (supporting the training of additional paramedics and providing appropriate capital support).

2) Any closure of emergency departments must take into account the current use of emergency departments as observation and holding areas for patients awaiting admission to hospital.

3) The initial estimate of cost savings is preliminary and does not include additional funds for open emergency departments, and the continuing care requirements of the closed emergency departments.

4) Preliminary data identifies potential savings at possibly two facilities.

5) The current data system impaired the work of the Working Group, and requires immediate upgrading.

6) The Working Group believes that if the above observations are addressed, the partial or complete closure of one or more emergency departments will be feasible as part of a central urban plan.

7) An integrated emergency trauma system for Manitoba is essential.

This Interim Report is respectively submitted to the Urban Hospital Council and the Working Group would be receptive to the response and further direction of the Council, should this report be acceptable to the Council.

Respectfully submitted,

Emergency Services Working Group

APPENDIX I

VISIT TO EMERGENCY DEPARTMENT AND ADMISSIONS FOR NIGHT SHIFT (0001-0800 HRS.) FOR 1989/90

HOSPITAL	0-16 YEARS	17 YEARS & OVER	TOTAL	AVG. PER SHIFT
Concordia				
Visits	809	4,150	4,959	14
Adm.	15	234	249	
Grace				
Visits	N/A	N/A	4,047	11.0
Adm.	N/A	N/A	644	
Victoria				
Visits	N/A	N/A	4,684	13
Adm.	N/A	N/A	481	
Seven Oaks				
Visits	419	3,567	3,986	11
Adm.	2	297	299	
Misericordia				
Visits	N/A	N/A	3,048*	8
Adm.	N/A	N/A	328	

SUMMARY: PER YEAR

Total Visits: 20,724
Total Adm.: 2,001

PER "NIGHT" SHIFT:

A.V. Visits: 56.7
A.V. Admin.: 5.4

*Estimated: Data provided by Misericordia Hospital was for a three month time frame. This three month figure was then "annualized" to reach "total" figure.

H.S.C. AND SBGH VISITS TO AND ADMISSIONS FROM EMERGENCY DEPARTMENTS (1989/90):

HEALTH SCIENCES CENTRE

0001-0800 Hours

TOTAL VISITS	: 8,550 (89/90)
% OF TOTAL VISITS	: 16.7%
AVERAGE # VISITS PER SHIFT	: 23.4
TOTAL ADMISSIONS	: 1,302 (89/90)
AVERAGE # ADMISSIONS PER SHIFT	: 3.5
% ADMISSIONS PER TOTAL VISITS	: 15.2%

ST. BONIFACE

0001 - 0800 Hours

TOTAL VISITS	: 7,1[illegible]0 (89/90)
% OF TOTAL VISITS	: 16.[illegible]%
AVERAGE # VISITS PER SHIFT	: 19.6
TOTAL ADMISSIONS	: 208 (89/90)
AVERAGE # ADMISSIONS PER SHIFT	: .6) SBGH reports
% ADMISSIONS PER TOTAL VISITS	: 3%) problems with) disposition data

Emergency Visits and Admissions from Emergency Departments
1985/86 to 1989/90

HOSPITAL	1985/86	1986/87	1987/88	1988/89	1989/90
Concordia					
Visits	33,870	34,021	35,240	35,880	36,358
Adm.	1,771	1,768	2,033	2,107	2,188
Grace					
Visits	30,481	31,385	31,199	31,856	30,670
Adm.	N/A	N/A	4,093	4,081	3,882
Victoria					
Visits	30,252	30,037	31,282	32,766	32,476
Adm.	2,311	3,420	3,200	3,242	3,192
Seven Oaks					
Visits	30,327	31,110	30,948	30,759	30,491
Adm.	2,311	2,673	2,548	2,581	1,911
Misericordia					
Visits	24,276	24,254	24,167	21,750	20,684
Adm.	4,370	4,385	4,414	4,145	4,092
TOTAL:					
VISITS:	149,206	150,807	152,836	153,011	150,679
ADMISSIONS:			16,288	16,156	15,265

*Estimated

APPENDIX II

CONCORDIA HOSPITAL

Calculations:

2000 - 2330 hours

RN - 3.5 hours X 365 days X 5 RN = 6387.5
6387.5 X $18.43 = $117,721.62

Nurse Aide - 3.5 X 365 days X 1 Aide = 1277.5
1277.5 X $10.88 = $13,899.20

Comm. Clerk - 3.5 X 365 days X 1 Comm. Clerk = 1277.5
1277.5 X $11.60 = $14,819.00

Emergency Physician - 3.5 X 365 days X 1 phys. = 1277.5
1277.5 X $29.07 = $37,136.92

Radiology tech - 3.5 X 365 days X 1 tech = 1277.5
1277.5 X $15.48 = $19,775.70

Relief - Vacation & Sick
25 days = 194 hours/E.F.T.

$$\frac{11497.5 \text{ Hours}}{2015} \quad X \quad 194 \text{ X } \$17.69 = \$19,570.54$$

2330 - 0730 hours

RN - 7.75 X 365 days X 2 RN = 5657.5 hours
5657.5 X $18.43 = $104,267.73

Relief - Vacation & Sick

$$\frac{5657.5}{2015} \quad X \quad 194 \text{ X } \$18.43 = \$10,038.67$$

Closure of 5 Community Hospitals	Surplus Est.
Concordia	$128,305
Grace	293,640
Misericordia	266,873
Seven Oaks	128,305
Victoria	128,305
	$945,428

Closure of Concordia	Surplus Est.
2000 - 2330 hours	$250,232
2330 - 0730 hours	128,305
Grand Total	$378,537

Urban Hospital Council
Emergency Services Working Group

Name of Hospital Concordia
2000 - 2330 Hours

Present Staffing Pattern	Proposed Deletion of Positions	Estimated Proposed Surplus Annually	
1. Nursing		Hours	Amount
(a) Emergency			
5 RN	5 RN	6387.5	$117,720
1 Nurse Aide	1 Nurse Aide	1277.5	13,900
1 Communication Clerk	1 Comm. Clerk	1277.5	14,820
(b) Observation			
2 RN			
2. Medical			
2 Emerg. Physicians*	1 Emergency Physician	1277.5	37,140
3. Support Services			
3.1 Laboratory			
1 Technologist			
3.2 EKG			
1 Technologist			
3.3 Radiology			
2 Technologists	1 Technologist	1277.5	19,775
3.4 Respiratory			
1 Therapist			
3.5 Health Records/ Admitting			
1 Admitting Clerk			
Sub Total		11497.5	$203,355
	Relief, Vacation, Sick		19,570
	Employee Benefits		22,292
	Payroll Tax		5,015
	TOTAL		$250,232

* Emergency Physicians provide all in-house emergency medical coverage during these time periods.

Urban Hospital Council
Emergency Services Working Group

Name of Hospital Concordia
2330 - 0730 Hours

Present Staffing Pattern	Proposed Deletion of Positions	Estimated Proposed Surplus Annually	
		Hours	Amount
1. Nursing			
(a) Emergency			
2 RN	2 RN	5657.5	$104,265
1 Clerk/Aide			
(b) Observation			
2 RN			
2. Medical			
1 Emerg. Physician*			
3. Support Services			
3.1 Laboratory Technologist on Call			
3.2 EKG Done by Emerg. Physician			
3.3 Radiology Technologist on Call			
3.4 Respiratory Therapist on Call			
3.5 Health Records/ Admitting			
Sub Total		5657.5	$104,265
	Relief, Vacation, Sick		10,040
	Employee Benefits		11,430
	Payroll Tax		2,570
	TOTAL		$128,305

* Emergency physician provides all in-house emergency medical coverage during these time periods.

SALVATION ARMY GRACE GENERAL HOSPITAL

Calculations:

2000 - 2330 hours

RN - 3.5 hours X 365 X 5.5 RN = 7026.25
7026.25 X $18.43 = $129,493.78

Ward Clerk - 3.5 X 365 X 1 = 1277.5
1277.5 X $11.60 = $14,819.00

Unit Assistant - 3.5 X 365 X 1 = 1277.5
1277.5 X $10.88 = $13,899.20

Emergency Physician - 3.5 X 365 X 1 = 1277.5
1277.5 X $29.07 = $37,136.92

Reliev Vac & Sick

$$\frac{10858.75}{2015} \quad X \quad 194 \text{ X } \$17.98 = \$18,800.97$$

2000 - 2330 hours

RN - 7.75 X 365 X 3 RN = 8486.25
8486.25 X $18.43 = $156,401.58

Physician - 7.75 X 365 X 1 physician = 2828.75
2828.75 X $29.07 = $82,231.76

Relief - Vacation & Sick

$$\frac{11315.0}{2015} \quad X \quad 194 \text{ X } \$21.08 = \$22,964.22$$

Closure of Grace General Hospital	Surplus Est.
2000 - 2330 hours	$240,375
2330 - 0730 hours	293,640
	$534,015

Urban Hospital Council
Emergency Services Working Group

Name of Hospital Grace General Hospital
2000 - 2330 Hours

Present Staffing Pattern	Proposed Deletion of Positions	Estimated Proposed Surplus Annually	
		Hours	Amount
1. Nursing			
(a) Emergency			
5.5 RN	5.5 RN	7026.25	$129,490
1 Ward Clerk	1 Ward Clerk	1277.5	14,820
1 Unit Assist.	1 Unit Assist.	1277.5	13,900
(b) Observation			
2 RN			
2. Medical			
1 Physician	1 Physician	1277.5	37,136
3. Support Services			
3.1 Laboratory			
1 Technologist			
3.2 EKG			
1 Technologist			
3.3 Radiology			
1 Technologist			
3.4 Respiratory			
1 Therapist			
3.5 Health Records/ Admitting			
1 Tech			
Mon-Thurs 2 Admitting Clerks &			
Fri - Sun 1 Admitting Clerk			
Sub Total		10858.75	$195,346
	Relief, Vacation, Sick		18,797
	Employee Benefits		21,414
	Payroll Tax		4,818
	TOTAL		$240,375

Urban Hospital Council
Emergency Services Working Group

Name of Hospital Grace General Hospital
2330 - 0730 Hours

Present Staffing Pattern	Proposed Deletion of Positions	Estimated Proposed Surplus Annually	
		Hours	Amount
1. Nursing			
(a) Emergency			
3 RN	3 RN	8486.25	$156,400
(b) Observation			
2 RN			
2. Medical			
1 Physician	1 Physician	2828.75	82,230
3. Support Services			
3.1 Laboratory			
1 Technologist			
3.2 EKG			
Carried out by Physician			
3.3 Radiology			
1 Technologist on Call			
3.4 Respiratory			
1 Therapist on Call			
- Sleeps in.			
3.5 Health Records/ Admitting			
1 Admitting Clerk			
Sub Total		11315.0	$238,630
	Relief, Vacation, Sick		22,965
	Employee Benefits		26,160
	Payroll Tax		5,885
	TOTAL		$293,640

MISERICORDIA GENERAL HOSPITAL

Calculations:

2000 - 2330 hours

RN - 3.5 X 365 X 4 RN = 5110
5110 X $18.43 = $94,177.30

Nurses Aide - 3.5 X 365 X 1 = 1277.5
1277.5 X $10.88 = $13,899.20

Ward Clerk - 3.5 X 365 X 1 = 1277.5
1277.5 X $11.60 = $14,819.00

Nursing Porter - 3.5 X 365 X 1 - 1277.5
1277.5 X $10.74 - $13,720.35

Physician - 3.5 X 365 X 1 = 1277.5
1277.5 X $29.07 = $37,136.92

Lab Tech - 3.5 X 365 X 1 = 1277.5
1277.5 X $19.42 = $24,809.05

Relief Vacation & Sick

$$\frac{11497.5}{2015} \quad X \quad 194 \text{ X } \$17.27 = \$19,117.11$$

2330 - 0730 hours

RN - 7.75 X 365 X 2 = 5657.5
5657.5 X $18.43 - $104,267.72

Nursing Porter - 7.75 X 365 X 1 = 2828.75
2828.75 X $10.74 = $30,380.77

Physician - 7.75 X 365 X 1 = 2828.75
2828.75 X $29.07 = $82,231.76

Relief - Vacation & Sick

$$\frac{11315}{2015} \quad X \quad 194 \text{ X } \$19.16 = \$20,872.67$$

Closure of Misericordia	Surplus Est.
2000 - 2330 hours	$244,345
2330 - 0730 hours	266,873
	$511,218

Urban Hospital Council
Emergency Services Working Group

Name of Hospital Misericordia General Hospital
2000 - 2330 Hours

Present Staffing Pattern	Proposed Deletion of Positions	Estimated Proposed Surplus Annually	
1. Nursing		Hours	Amount
(a) Emergency			
4 RN	4 RN	5110.0	$ 94,175
1 Nurses Aide	1 Nurses Aide	1277.5	13,900
1 Ward Clerk	1 Ward Clerk	1277.5	14,820
1 Nursing Porter	1 Nursing Porter	1277.5	13,720
(b) Observation			
2 RN			
2. Medical			
1 Physician	1 Physician	1277.5	37,140
3. Support Services			
3.1 Laboratory			
2 Technologists	1 Technologist	1277.5	24,810
3.2 EKG			
3.3 Radiology			
1 Technologist			
3.4 Respiratory			
1 Therapist			
3.5 Health Records/ Admitting			
1 Clerk in Emerg			
1 Clerk in Admitting			
Sub Total		11497.5	$198,565
	Relief, Vacation, Sick		19,117
	Employee Benefits		21,768
	Payroll Tax		4,895
	TOTAL		$244,345

Urban Hospital Council
Emergency Services Working Group

Name of Hospital Misericordia General Hospital
2330 - 0730 Hours

Present Staffing Pattern	Proposed Deletion of Positions	Estimated Proposed Surplus Annually	
1. Nursing		Hours	Amount
(a) Emergency			
2 RN	2 RN	5657.5	$104,265
1 Nursing Porter	1 Nursing Porter	2828.75	30,380
(b) Observation			
2 RN			
2. Medical			
1 Physician	1 Physician	2828.75	82,231
3. Support Services			
3.1 Laboratory			
1 Technologist			
3.2 EKG			
3.3 Radiology			
1 Technician			
3.4 Respiratory			
1 Therapist			
3.5 Health Records/ Admitting			
1 Clerk (coveras Admitting and Emerg).			
Sub Total		11315.0	$216,876
	Relief, Vacation, Sick		20,872
	Employee Benefits		23,775
	Payroll Tax		5,350
	TOTAL		$266,873

SEVEN OAKS GENERAL HOSPITAL

Calculations:

2000 - 2330 hours

RN - 3.5 X 3.65 X 4 RN = 5110.0
5110 X $18.43 = $94,177.30

Health Care Aide - 3.5 X 365 X 1 = 1277.5
1277.5 X $10.88 = $13,899.20

Unit Clerk - 3.5 X 365 X 1 = 1277.5
1277.5 X $11.60 = $14,819.00

Physician - 3.5 X 365 X 1 = 1277.5
1277.5 X $29.07 = $37,136.93

Relief Vacation & Sick

$$\frac{8942.5}{2015} \quad X \quad 194 \times \$17.73 = \$15,264.91$$

2330 - 0730 hours

RN - 7.75 X 365 X 2 = 5657.5
5657.5 X $18.43 = $104,267.73

Relief- Vacation & Sick

$$\frac{5657.5}{2015} \quad X \quad 194 \times \$18.43 = \$10,038.67$$

Closure of Seven Oaks	Surplus Est.
2000 - 2330 hours	$196,770
2330 - 0730 hours	128,305
	$325,075

Urban Hospital Council
Emergency Services Working Group

Name of Hospital Seven Oaks General Hospital
2000 - 2330 Hours

Present Staffing Pattern	Proposed Deletion of Positions	Estimated Proposed Surplus Annually	
1. Nursing		Hours	Amount
(a) Emergency			
4 RN	4 RN	5110.0	$ 94,175
1 Health Care Aide	1 Health Care Aide	1277.5	13,900
1 Unit Clerk	1 Unit Clerk	1277.5	14,820
(b) Observation			
2 RN			
2. Medical			
1 Physician	1 Physician	1277.5	37,137
3. Support Services			
3.1 Laboratory			
1 Technologist			
3.2 EKG			
3.3 Radiology			
1 Technologist			
3.4 Respiratory			
1 Therapist			
3.5 Health Records/ Admitting			
1 Tech. till 2200			
1 Tech. till 2330			
Sub Total		8942.5	$160,032
	Relief, Vacation, Sick		15,265
	Employee Benefits		17,530
	Payroll Tax		3,943
	TOTAL		$196,770

Urban Hospital Council
Emergency Services Working Group

Name of Hospital Seven Oaks General Hospital
2330 - 0730 Hours

Present Staffing Pattern	Proposed Deletion of Positions	Estimated Proposed Surplus Annually	
		Hours	Amount
1. Nursing			
(a) Emergency			
2 RN	2 RN	5657.5	$104,265
(b) Observation			
2 RN			
2. Medical			
1 Physician*			
3. Support Services			
3.1 Laboratory			
1 Technologist on call			
3.2 EKG			
3.3 Radiology			
1 Technician on call			
3.4 Respiratory			
1 Therapist			
3.5 Health Records/ Admitting			
1 Technician			
Sub Total		5765.7	$104,265
	Relief, Vacation, Sick		10,040
	Employee Benefits		11,430
	Payroll Tax		2,570
	TOTAL		$128,305

* As of 0200 hours covers total hospital.

VICTORIA GENERAL HOSPITAL

Calculations:

2000 - 2330 hours

RN - Same as Grace

Physician - Same as Grace

Relief Vacation & Sick

$$\frac{8303.75}{2015 \times 194 \times \$20.06} = \$16,037.32$$

2330 - 0730 hours

Same as Concordia

Closure of Victoria

	Surplus Est.
2000 - 2330 hours	$205,036
2330 - 0730 hours	128,305
	$333,341

Urban Hospital Council
Emergency Services Working Group

Name of Hospital Victoria General Hospital
2000 - 2330 Hours

Present Staffing Pattern	Proposed Deletion of Positions	Estimated Proposed Surplus Annually	
1. Nursing		Hours	Amount
(a) Emergency			
5.5 RN	5.5 RN	7026.25	$129,490
(b) Observation			
2 RN			
2. Medical			
1 Physician	1 Physician	1277.5	37,136
3. Support Services			
3.1 Laboratory			
1 Technologist			
3.2 EKG			
3.3 Radiology			
1 Technologist			
3.4 Respiratory			
1 Therapist			
3.5 Health Records/ Admitting			
1 Clerk for Emerg.			
1 Clerk for Admitting			
Sub Total		8303.75	$166,626
	Relief, Vacation, Sick		16,035
	Employee Benefits		18,265
	Payroll Tax		4,110
	TOTAL		$205,036

Urban Hospital Council
Emergency Services Working Group

Name of Hospital Victoria General Hospital
2330 - 0730 Hours

Present Staffing Pattern	Proposed Deletion of Positions	Estimated Proposed Surplus Annually	
1. Nursing		Hours	Amount
(a) Emergency			
3 RN	2 RN	5657.5	$104,265
(b) Observation			
1 RN			
2. Medical			
1 Physician*			
3. Support Services			
3.1 Laboratory			
1 Technologist			
3.2 EKG			
3.3 Radiology			
1 Technician on call			
3.4 Respiratory			
1 Therapist			
3.5 Health Records/ Admitting			
1 Admitting Clerk			
Sub Total		5765.7	$104,265
	Relief, Vacation, Sick		10,040
	Employee Benefits		11,430
	Payroll Tax		2,570
	TOTAL		$128,305

* Covers total hospital.

Based on information from Concordia, Misericordia and Seven Oaks hourly rates were applied as follows to each proposed staff reduction:

1. Information from Seven Oaks

(a) RN Nurse II Year II hourly rate for July 1/91	$18.43
(b) Mid-range for health care aide hourly rate	$10.88
(c) Mid-range for unit clerk hourly rate	$11.60
(d) Emergency physician hourly rate	$29.07

2. Information from Concordia

(a) Clerk/Aide hourly rate	$13.42
(b) Radiology tech. hourly rate	$15.48
(c) Technologist (Lab) hourly rate	$19.42

3. Information from Misericordia

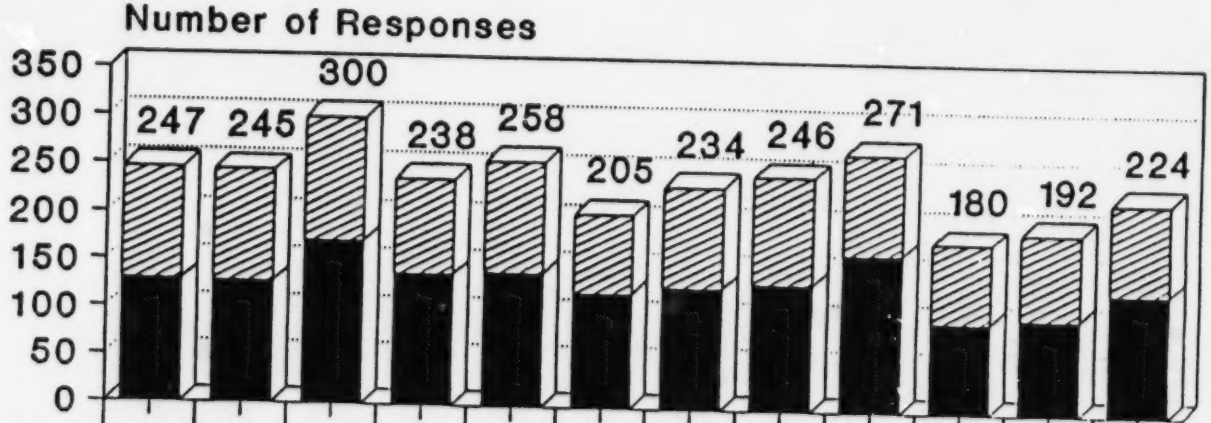
Nursing Porter	$10.74
Benefits	10%
Payroll levy	2.85%
Relief for vacation/sick	194 hours/EFT

Calculations do not include:

- Overtime
- Shift Differential
- Other Relief
- Responsibility Pay
- Supplies Costs
- Transfer of full-time staff to oncall
- Additional costs that may arise if nurse rotations are adjusted
- Additional costs at HSC and St. Boniface
- Heavy care to deal with excess number of patient awaiting admission or being observed after closure of Emergency Department.

PM/krms
Reports/UCH-Emer
June 25, 1991

E.M.S. EMERGENCY CALLS
APRIL 1, 1989 - MARCH 31, 1990
0000 HOURS - 0800 HOURS



	4	5	6	7	8 1989	9	10	11	12	1	2 1990	3	
0400 - 0800	117	116	127	99	116	83	105	112	104	83	90	95	1593
0000 - 0400	130	129	173	139	142	122	129	134	167	97	102	129	1247

Months

TOTAL = 2840

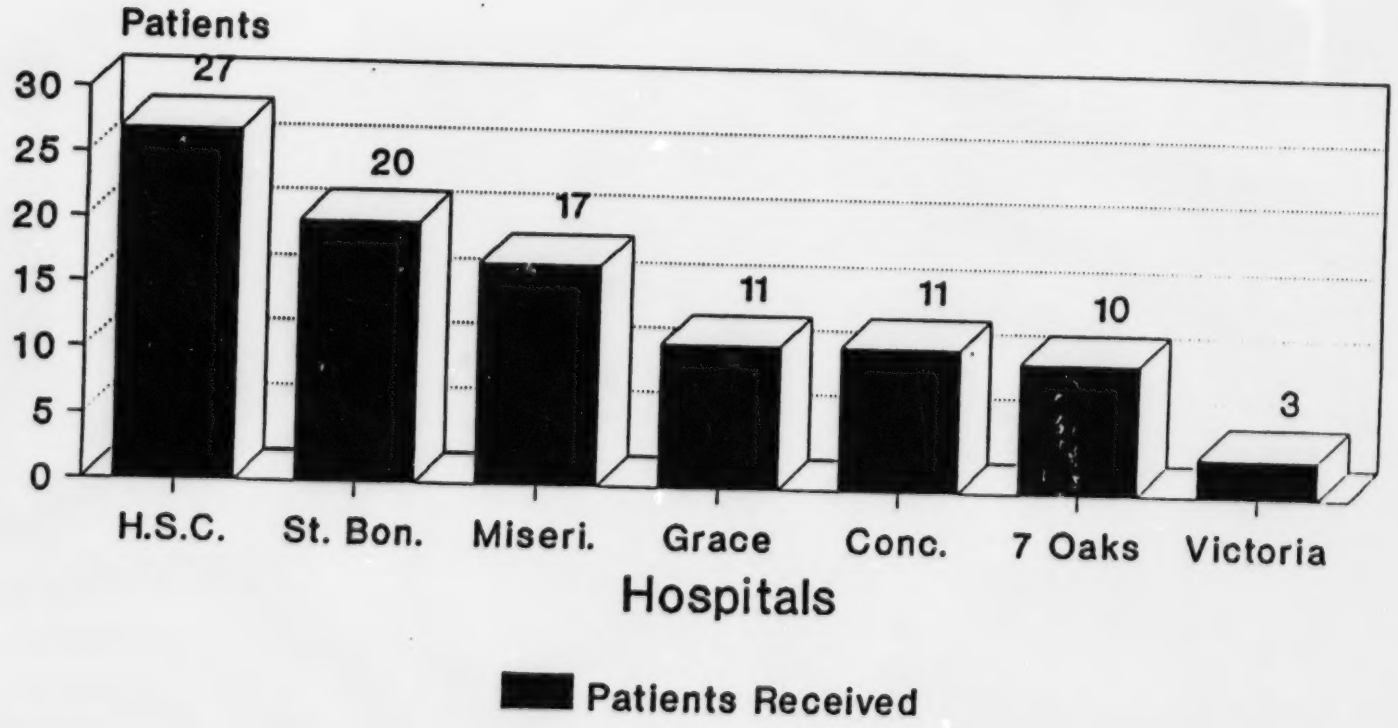
0000 - 0400 0400 - 0800

Emergencies at time of dispatch - includes cancelled calls and patients stable at time of transport

CARDIAC ARREST PATIENTS

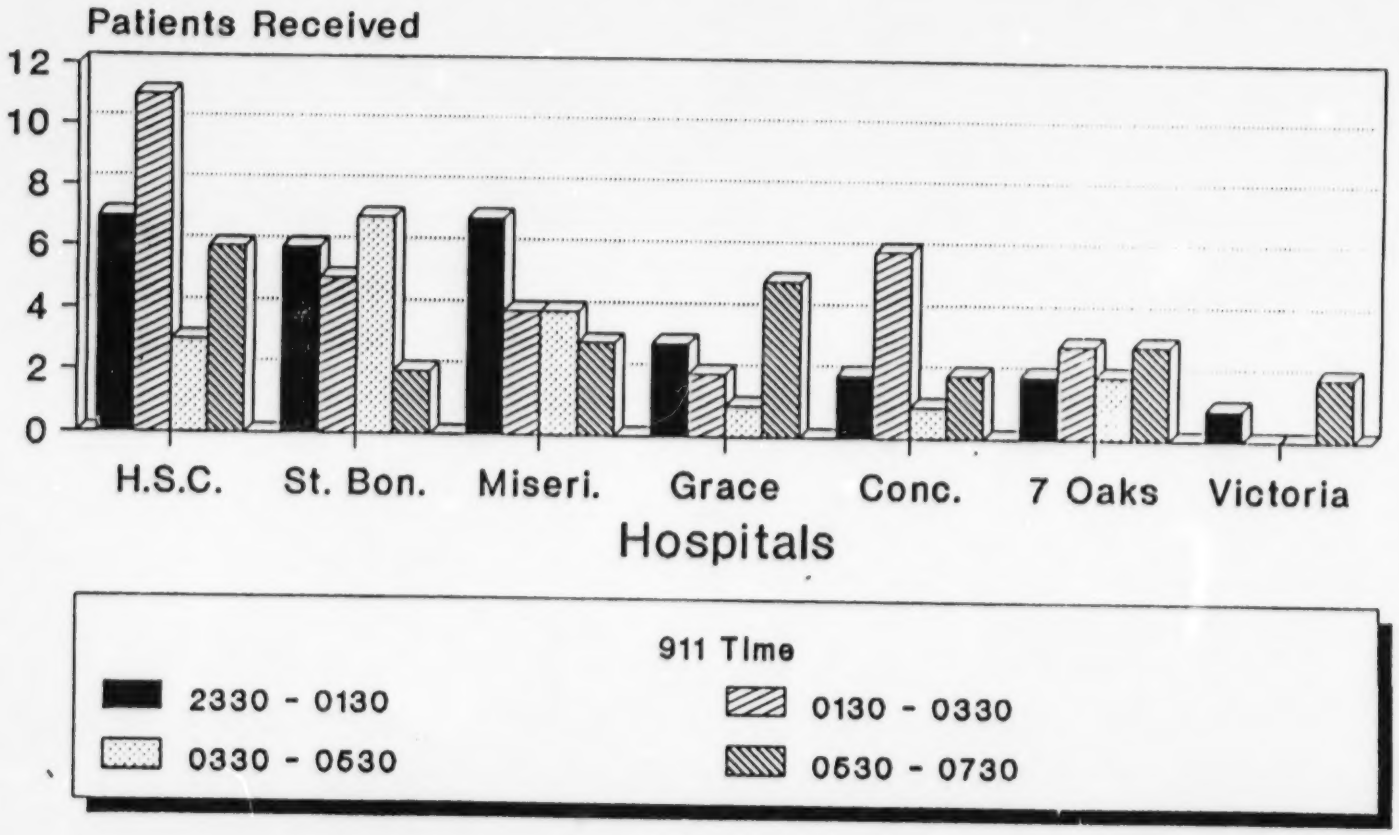
April 1/89 - March 31/90

2330 hours - 0730 hours

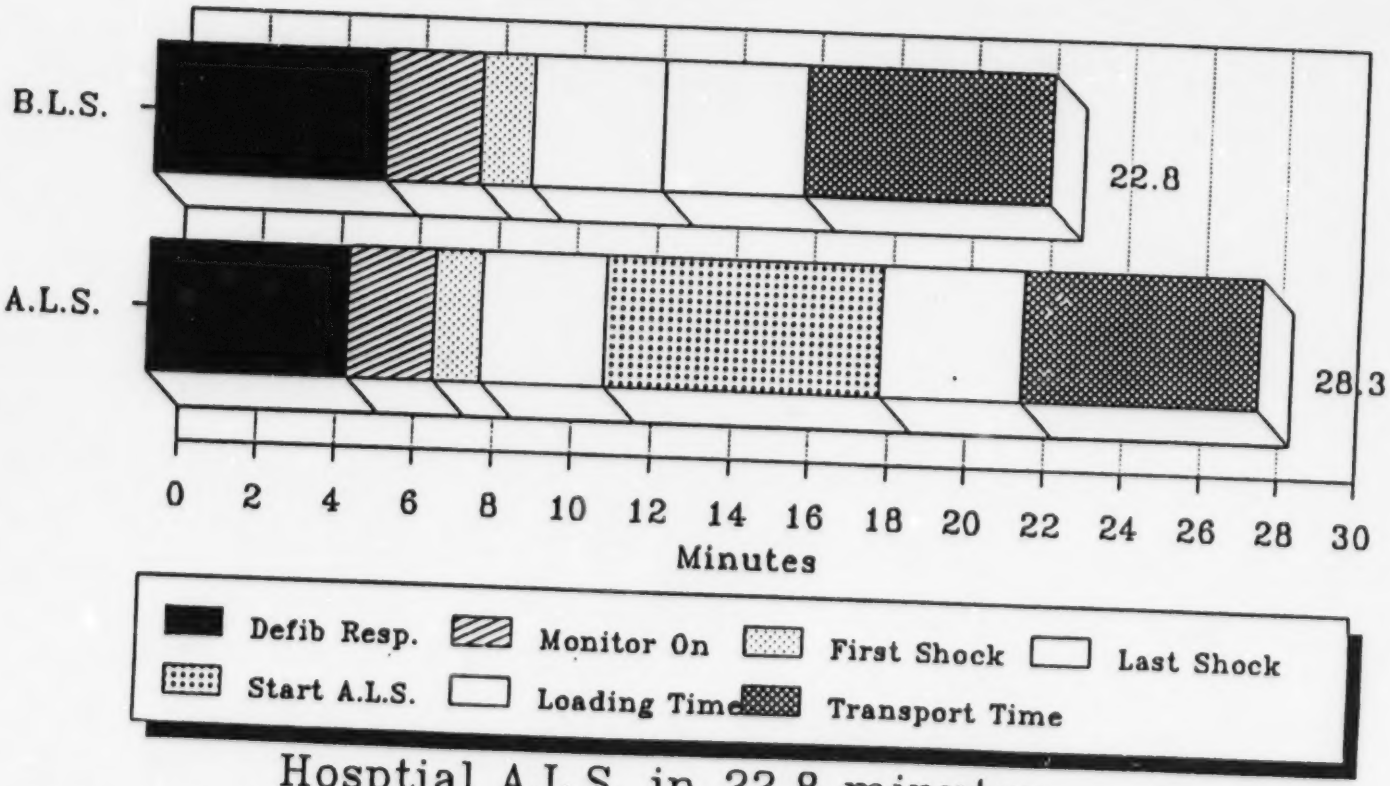


911 Times, No Trauma, 10 yrs. & over

CARDIAC ARREST PATIENTS
APRIL 1/89 - MARCH 31/90



TIME OUTLINE
911 CARDIAC ARREST



Hosptial A.L.S. in 22.8 minutes
Field A.L.S. in 11.6 minutes = 11.2 minutes sooner

CRITERIA REVIEW FOR URBAN COMMUNITY EMERGENCY DEPARTMENT

	CONCORDIA	GRACE	MISERICORDIA	SEVEN OAKS	VICTORIA
Average Visits per "N" Shift (0001 - 0800 hrs.) for Fiscal Year 1989/90	14 (5)	11 (3)	8 (1)	11 (3)	13 (4)
Total Number of Admissions on "N" Shift (0001 - 0800 hrs.) for Fiscal Year 1989/90	249 (1)	644 (5)	328 (3)	299 (2)	481 (4)
Total Primary Transports from Peripheral Rural Ambulance Service (2000 - 0800 hrs.) For Fiscal Year 1989/90	27 (5)	20 (4)	0 (1)	18 (3)	12 (2)
Savings $(000)	128, (5)	293, (1)	266, (2)	128, (5)	128, (5)
Manpower Availability **	-	+	-	+	+
Geographic Distance to Nearest Hospital *** (in KM)	7.67 (3)	11.25 (5)	3.08 (1)	6.17 (2)	11.19 (4)
TOTAL ****	(19)	(18)	(8)	(15)	(19)

* In the table, the number outside of the parentheses is the actual value for a particular hospital for the specific criterion. The number within the parenthesis is the ranking assigned to the actual value. The higher ranking was assigned to the value most detrimental to closure (i.e. high utilization, low saving etc.)

** Hospitals were only rated as positive (no current problem) or negative (problem currently) according to this criterion. This criterion is seen to be extremely variable and changes markedly within short time spans. Currently, the Misericordia Hospital will be at full complement of EMO's by September 1, 1991 and the Concordia Hospital by December 1, 1991.

*** The geographic distance to nearest hospital was confirmed by Emergency Health and Ambulance Services. Geographic distance was confirmed as follows:

Grace to Health Sciences Centre	11.25 km.
Misericordia to Health Sciences Centre	3.08 km.
Misericordia to St. Boniface	4.23 km.
Seven Oaks to Health Sciences Centre	6.17 km.
Victoria to St. Boniface	11.19 km
Concordia to St. Boniface	7.67 km

**** Most hospitals have indicated that a major issue with closure of Emergency Departments during the night shift is the number of patients in the Emergency Department at midnight who are awaiting admission or further assessment. During a pilot project therefore, closure might be considered to occur in the late evening (i.e. 2200 hrs.) rather than at midnight to deal with this problem whether it be to transfer patients or to obtaining additional staff for the night staff.

September 3, 1991

PM/lg
1UU05/H:Reports/ER-CRIT